



## New Patient Questionnaire

### About You:

Title: Mr/Master/Mrs/Miss/Ms/Mx/Dr Name: .....

Preferred Name (if differs to registered name):..... Date of Birth: .....

Address: ..... Post Code: .....

All Contact Telephone Numbers:.....

*If you are currently without a home address, please discuss with a member of staff.*

Email Address: .....

Tick if you DO NOT wish to being contacted by: Text message  Email

Next of Kin Name: ..... Contact No: ..... Relationship: .....

ACTION: Add preferred name in Registration using 'Known As' tab

ACTION: Consider Social Prescribing Referral if housing issues

ACTION: Set preferences in Additional Registration section

ACTION: Add NOK/Parent Names in Family/Relationships in Registration section

### For Children under 16:

Name of School: .....

Health Visitor/School Nurse (if known): .....

Social Worker (if applicable): .....

Parent/Carer 1 Name: ..... Relationship: .....

Phone number: ..... Parental Responsibility: Yes / No

Parent/Carer 2 Name: ..... Relationship: .....

Phone number: ..... Parental Responsibility: Yes / No

Is there currently a Child Protection Plan or Child in Need Plan in place? Yes / No

Is this child a Looked After Child (sometimes known as foster care)? Yes / No

Does the family have an EHAT (Early Help Team Around the Family)? Yes / No

ACTION: Add detail under Family/Relationship Links in Registration

ACTION: Bring to the attention of the Safeguarding Lead

*If you are registering with us because you have recently left prison, please consider discussing this with the GP. We may be able to request that relevant medical records be transferred to continue your ongoing care.*

## Optimising Health:

Your electronic health records should transfer from your old GP in the coming weeks. This section ensures we get to know your health needs before the transfer is complete. If you are not sure about some of the answers, we can check them once your health records have transferred.

For parents completing this on behalf of their children, please leave blank the sections that do not apply to them.

I am over 40 – *if you have never had a routine health check, please request a nurse appointment.*

I am under 40 and have some health problems (including current mental health problems) – *if you would like to discuss these, please make an appointment.*

I am under 40 and have learning disabilities – *we will aim to invite you to a health check.*

I am under 40, and do not have medical problems.

For everyone: If the blood pressure machine is available, you are welcome to use this without an appointment. Please inform reception of your blood pressure reading.

Current weight: ..... Height: .....

If your BMI is 30 or above, we may offer you a nurse appointment.

## Immunisations and Vaccinations

Circle the appropriate response:

Adults	Children
I have had everything I have been offered	My child has had everything that has been offered
I think I might be missing some	My child has not had every immunisation that has been offered

## Women's Health

Are you currently pregnant? Yes / No

Are you up to date with your cervical smear screening? Yes / No / Not Sure

(Only applicable to females aged 25-64 with a cervix)

## General Health

Do you currently smoke? Yes / No / Never

Cigarettes: ..... per day    Tobacco: ..... grams per week    Vaping Only: ..... per day

Are you an ex-smoker? Yes / No    If yes, when did you stop? .....

If you continue to smoke, we would encourage you to get support when you decide to quit. Visit [www.smokefreeliverpool.co.uk](http://www.smokefreeliverpool.co.uk) for advice and more information on the benefits of stopping.

## Staff use

ACTION: Bring to attention of the LD Lead

ACTION: Point out the available BP machine

CODE: Body weight   
CODE: Standing height

ACTION: Calculate BMI and offer appointment if needed

ACTION: Bring to the attention of the nurse

ACTION: Offer midwife appointment

ACTION: Offer nurse appointment

CODES: Never Smoked tobacco, Cigarette smoker, Rolls own cigarettes, Current smoker (for vaping), Ex-smoker

CODE: Smoking Cessation Advice

Do you drink alcohol? Yes / No                      How much? ..... units per week  
 (A unit is half a pint, a small glass of wine or a single shot)

**Staff use**

CODE: Alcohol units consumed per week

Questions	0	1	2	3	4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly of less	2-4 times per month	2-3 times per week	4+times per week	
How many units of alcohol do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 -6	7 -9	10+	
How often do you have 6 or more units, if female, or 8 or more units if male, on one occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total						

CODE: AUDIT-C Score

If you are drinking more than 14 units each week, this is higher than is recommended and could lead to health problems. You might like to contact Liverpool Community Alcohol Service on 0151 471 7784 or make an appointment in the surgery to discuss this more.

CODE: (Only if more than 14 units per week) Education about alcohol consumption

**Medications**

Are you taking any prescribed medicines or contraceptive pills? Yes / No

*If yes, please continue with the following questions:*

Do you receive your medication in a blister pack? Yes / No

CODE: Uses dispensed monitored dosage system

Do you have any questions or concerns about your medication? Yes / No

If yes, please explain further .....

ACTION: Bring to the attention of the pharmacist

Do you regularly take codeine, co-codamol, dihydrocodeine, co-dydramol, tramadol, diazepam or zopiclone? Yes / No

ACTION: Bring to the attention of the pharmacist

Please state what pharmacy you wish to nominate to receive your electronic prescription. (NB: You can change your pharmacy at any time): .....

ACTION: Update pharmacy nomination

### Optimising Access:

This section ensures we understand what specific needs you may have so that we can make sure everyone has equal access, outcomes and experiences.

Please indicate your ethnic origin by ticking **one** box.

Asian or Asian British		Mixed	
Indian		White and Black Caribbean	
Pakistani		White and Black African	
Bangladeshi		White and Asian	
Chinese		Any other Mixed Background	
Any other Asian Background			
White		Black or Black British	
British		Caribbean	
Irish		African	
Gypsy or Irish Traveller		Any other Black Background	
Roma			
Any other White Background			
Other			
Arab		Unknown	
Any other ethnic group		Prefer not to say	

CODE: Choose appropriate Ethnic Category code

(Based on 2021 Census Groups)

Country of Birth: .....

CODE: Born in ...

Registering with a GP is free, and all medical care you receive in our surgery is free. You can always access healthcare here, even if you are not living in the UK legally. Although GP care is free, there may be charges if you need a prescription or to access hospital care.

We will not ask you about your legal status, including before we refer you to hospital, but if you are concerned about this and the potential charges, do talk to your GP. Your legal status will not affect their medical care for you, and it may help them to treat your condition better if they understand your situation.

You are not required to answer the following question, but it can be helpful to your GP if they know that you might have experienced some trauma, may be going through an ongoing stressful situation, or may have specific medical needs related to this. You can choose not to answer this question; it will not affect your treatment.

Are you an asylum seeker? Yes / No      Are you a refugee? Yes / No

Prefer not to say

CODE: Asylum Seeker   
 CODE: Refugee  and tick to record as problem

## Language

First Language: ..... Interpreter required? Yes/No

Do you require a British Sign Language interpreter?	 <b>B S L</b>	yes 	no 
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We will book a professional interpreter for you. This might be in person, on the phone or via video, and will always be free of charge. If an interpreter is not available, we may need to rearrange your appointment. Our preference is not to use your family or friends and we will never ask a child under 18 to interpret your consultation.

## Access Requirements:

I have difficulty with my hearing and I use:  
 Hearing aids     Lip reading     Other:.....

I have difficulty with my speech and I would like the surgery to know:  
.....

I have difficulty with my sight and I need information by:  
 Email     Large font size:.....     Other:.....

I have a neurodiverse diagnosis (such as autism or ADHD) or a learning disability. I would like the surgery to know that accessing the building or consultation room can be supported by: .....  
.....

I have one of the above access requirements and my preferred main contact is by:  
 Email     Letter     Phone     Text message

In an emergency, is there someone you would like us to call to get a message to you urgently? Name and contact details:.....  
(It is your responsibility to update this if you have a change in circumstances.)

## Care Needs:

Do you live alone? Yes / No

Do you consider yourself to be housebound? Yes / No

(If you are able to leave the house safely with family or friends, or access a taxi on your own, you are not considered housebound)

*If you are experiencing **physical or emotional domestic abuse** from a family member or partner, your surgery is a safe place. You can book an appointment to discuss this and we will support you as best as possible. A good source of support is LDAS: [liverpooldomesticabuseservice.org.uk](http://liverpooldomesticabuseservice.org.uk)*

## Staff use

CODE: Main Spoken Language ...

CODE: Interpreter Needed OR Interpreter Not Needed

CODE: British Sign Language Interpreter Needed

ACTION: Add alert detailing language interpreter, with the current date

ACTION: Add alert re: all requirements here, include the date added

ACTION: Add detail under Family/Relationship Links in Registration

ACTION: Add alert regarding consent for emergencies

CODE: Housebound

Are you a carer for a relative or friend? Yes / No

Do you have a family/friend as your carer? Yes / No

Name of Carer: ..... Relationship: ..... Tel. No: .....

Do you have an agency providing regular care to you? Yes / No

Name of Agency: ..... Tel. No: .....

In an emergency, do you consent to us contacting your carer? Yes / No

(It is your responsibility to update this if you have a change in circumstances.)

**Other Personal Background:**

Have you ever, or are you currently, serving in the Armed Forces? Yes / No

Are you happy for 'veteran' to be recorded on your medical record? Yes / No

(For some conditions this can be particularly relevant and support any future referrals that might be needed)

My preferred pronouns are:

He/Him/His      She/Her/Hers      They/Them/Theirs      Other:.....

My medical record is currently Male / Female

I would like to understand more about the process to change my gender marker.

*We will always endeavour to follow preferences, but please be patient with our staff if they slip up – we are dealing with thousands of patients, each with individual needs and preferences, and sometimes we may need a gentle prompt. However, if your preference is persistently not recognised, do give us feedback about this so we can look into it.*

I have appointed a Lasting Power of Attorney. Name: .....

You will need to ask them to bring their paperwork – this can be done when/if this becomes relevant.

I am subject to a Deprivation of Liberty Safeguard or a Liberty Protection Safeguard

I am subject to a Community Treatment Order

**Summary Care Record**

A summary care record contains information about your medication, allergies and adverse reactions, and additional further medical information. There is more detailed information available if you would like to know more about your data use.

Are you happy for your summary care record to be available when you access NHS care outside of your GP Practice (for example NHS Out of Hours Services or Accident & Emergency)?      Yes / No

Signature: .....      Date: .....

Name if signing on behalf of patient or child:..... Relationship:.....

**Staff use**

CODE: Is a Carer

CODE: Has a Carer

ACTION: Add detail under Family/Relationship Links in Registration

ACTION: Add alert regarding consent for emergencies

CODE: Military Veteran

ACTION: Add alert if differs from typical pronouns

ACTION: Bring to attention of a clinician

CODE: Lasting Power of Attorney Personal Welfare

ACTION: Bring to the attention of the Safeguarding Lead

CODE: Choose appropriate Summary Care Record code